

File Number:
ff-O-NO

U S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 6 JAC **RECEIVED** AUG 26 2013
LONDON, KY 40742-8300
Phone: (904) 366-0100

August 22, 2013

Date of Injury:
Employee:

PAUL H FELSER, ESQUIRE
FELSER LAW FIRM, PC
P O BOX 10267
SAVANNAH, GA 31412

Dear Paul H Felser, Esquire:

We are in receipt of your letter dated 08/06/2013 requesting the our Office review the above injured worker's claim for possible expansion of accepted conditions based on Dr _____ Referee Examination, dated 10/22/2012, and his clarifying report, dated 06/19/2013.

Our Office has review the Referee Examination and has added the following diagnoses:
DEGENERATION OF LUMBAR OR LUMBOSACRAL, INTERVERTEBRAL DISC, BILATERAL ,
AGGRAVATION, L-5, 722.52; LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY
AGGRAVATION, 721.3; DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT
MYELOPATHY, AGGRAVATION, L4-5, 722.10

Please see the attached Acceptance Letter which lists the newly accepted conditions for this claim.

Sincerely,



Dion Haverstraw
Claims Examiner

Enclosure: CA1008, New Decision Acceptance Letter, dated 08/22/2013

UNITED STATES POSTAL SERVICE
ATLANTA PERFORMANCE CLUSTER
INJURY COMPENSATION OFFICE
1605 BOGGS ROAD
NORTH METRO, GA 30026

If you have a disability (a substantially limiting physical or mental impairment), please contact our office/claims examiner for information about the kinds of help available, such as communication assistance (alternate formats or sign language interpretation), accommodations and modifications.

U.S. DEPARTMENT OF LABOR

OFFICE OF WORKERS' COMP PROGRAMS
PO BOX 8300 DISTRICT 6 JAC
LONDON, KY 40742-8300
Phone: (904) 366-0100

August 22, 2013

Date of Injury:
Employee:

Dear Ms :

This is to notify you that the accepted conditions in your case have been updated. Your claim has been accepted for the following additional condition(s): DEGENERATION OF LUMBAR OR LUMBOSACRAL, INTERVERTEBRAL DISC, BILATERAL , AGGRAVATION, L-5, 722.52; LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY, AGGRAVATION, 721.3; DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY, AGGRAVATION, L4-5, 722.10. A list of all accepted conditions in your case is below.

<u>Diagnosed condition(s)</u>	<u>ICD-9 code(s)</u>
CLOSED FX DORSAL VERTEBRA WITHOUT SPINAL CORD INJURY, T-12	805.2
DEGENERATION OF LUMBAR OR LUMBOSACRAL, INTERVERTEBRAL DISC, BILATERAL , AGGRAVATION, L-5	722.52
LUMBOSACRAL SPONDYLOSIS WITHOUT MYELOPATHY AGGRAVATION	721.3
DISPLACEMENT OF LUMBAR INTERVERTEBRAL DISC WITHOUT MYELOPATHY, AGGRAVATION, L4-5	722.10

Please advise all medical providers who are treating you for this injury of the newly accepted condition(s) with ICD-9 code(s). Accurate coding facilitates timely bill processing.

If the current accepted condition(s) need to be revised or additional complications related to the current accepted condition(s) need to be added, your physician should explain in writing, with medical rationale, the relationship between any additional condition and the work injury or the current accepted condition(s) noted above.

As a reminder, OWCP must approve in advance any surgery or procedure other than emergency surgery (that is, a procedure which must be performed right away to preserve life or the function of an organ or body part). You (or your medical provider) should contact OWCP for authorization at least 30 days before the intended date of the procedure. We will advise you of the information needed to determine whether OWCP can authorize the requested procedure. Medical providers should contact

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File Number:
CA-1008 (New Condition)-D-ACC

our medical authorization and bill processing contractor (ACS) for all authorizations and billing questions. Automated information is available 24 hours per day at 1-866-335-8319 or online at <http://owcp.dol.acs-inc.com>. The medical authorization fax line is 1-800-215-4901. If you, your physician, or other medical providers require direct contact with a customer service representative, you may call 1-850-558-1818, Monday – Friday, 8am – 8pm EST (this is a toll call).

If you have any questions regarding your claim, you may contact the Office at the phone number and address listed above. Note that you can also view your case and compensation claim status, billing updates including reimbursements, coverage limitations, and other information on line via the Claimant Query System (CQS) at <http://owcp.dol.acs-inc.com>. General information can be obtained on the Department of Labor website at <http://www.dol.gov/owcp/dfec/index.htm>.

Sincerely,



Dion Haverstraw
Claims Examiner

PAUL H FELSER
FELSER LAW FIRM, PC
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SAVANNAH, GA 31412